

	Day of Surgery (Post-Op)	Post-Op Day (POD) #1	POD #2	POD #3	Home or Rehab Facility
Activity/Therapy Services/PT/OT	<p>PT: Initial visit to check ROM; apply CPM 0-50° (if ordered); sit on edge of bed or move to chair as patient is able; if you arrive to the floor after therapy hours, nursing will assist you with sitting on the side of the bed.</p> <p>You will be taught ankle pumps and are encouraged to do them every hour while awake, unless you are on the CPM.</p> <p>DO NOT place a pillow under your operative knee. Keep leg rotated in so your toes are pointed up toward the ceiling, not out to the side. Try to flatten the back of your knee to the bed as much as possible.</p>	<p>PT: Begin or continue to get out of bed; begin standing with walker; progress to in room walker ambulation as anesthesia will allow; begin exercise program; continue CPM 0-60°. Begin to discuss discharge plans.</p> <p>OT: Initial visit to get background on pre-surgery abilities and home obstacles with bathing/dressing; begin self bathing at bedside; look at equipment needs for home.</p>	<p>PT: Progress bed mobility and transfers; ambulate with device in room and progress to hallway as safety allows; continue exercises and CPM 0-70°; final plans for discharge.</p> <p>OT: Practice a full shower/bath using the dressing equipment; issue and practice with dressing equipment (reacher, bath sponge, sock aide); discuss plans for discharge.</p>	<p>PT: Continue to work on independence with bed mobility and transfers out of bed, ambulate with walker in room and hallway, exercise, and use CPM (0-70°); finalize discharge plans.</p> <p>OT: Continue to learn post surgical techniques for getting dressed. Discuss kitchen safety and accessing public restrooms safely.</p>	<p>Follow instructions for detailed exercise plan. Continue to ambulate with walker in your home and progress to longer distances. Carry out daily activities: shower, cooking, dressing changes. Abide by driving restrictions.</p>
Nutrition	Begin with liquids and advance diet as tolerated.	Advance diet as tolerated; drink plenty of water. (unless contraindicated)	Diet as tolerated; drink plenty of water. (unless contraindicated)	Diet as tolerated; drink plenty of water. (unless contraindicated)	Diet as tolerated; drink plenty of water. (unless contraindicated)
Medications	IV fluids; IV antibiotics; Possible anticoagulant (for prevention of blood clots); Medications as needed for nausea, vomiting, constipation, pain, etc.	IV fluids; IV antibiotics will be changed to oral. Anticoagulant (for prevention of blood clots); Medications as needed for nausea, vomiting, constipation, pain, etc.	Anticoagulant (for prevention of blood clots); Medications as needed for constipation, pain, etc.	Anticoagulant (for prevention of blood clots); Medications as needed for constipation, pain, etc.	Anticoagulant (for prevention of blood clots) will usually continue for 12 days after discharge; Medications as needed for constipation, pain, etc.
Pain Management	Pain medications will be prescribed by your surgeon but will include pills and IV meds. Cold therapy to the knee will also help alleviate pain/swelling. Other pain management therapy may be prescribed by your surgeon.	Pain medications (pills and/or IV) will be continued and adjusted accordingly by your surgeon. Cold therapy to the knee will continue. The nerve catheter (if present) will continue. Other pain management therapy may be utilized.	Pain medications (pills and/or IV) will be continued and adjusted accordingly by your surgeon. Cold therapy to the knee will continue. The nerve catheter will be discontinued. Transition from IV to oral pain medication.	Oral pain medication and cold therapy will be continued and adjusted accordingly by your surgeon.	Continue oral pain medications and cold therapy as needed.

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Wound/ Dressing	You may have a drain to your knee which will collect your blood, which can be given back to you.	Original dressing will remain and be monitored for drainage by the nurse.	Depending on surgeon preference, dressing may remain or will be changed and incision cleansed.	Depending on surgeon preference, dressing may remain or will be changed and incision cleansed.	Daily dressing changes, if ordered. Staples will be removed at your post op office visit. Important to keep wound/dressing clean and dry until well healed.
Tests	Post-Op X-ray of Operative Knee, Labs drawn to monitor blood count. The operative leg will be assessed frequently for color, movement, sensation, and temperature.	Daily lab work to monitor blood count, etc. The operative leg will be assessed frequently for color, movement, sensation, and temperature	Daily lab work to monitor blood count, etc. The operative leg will be assessed frequently for color, movement, sensation, and temperature.	Daily lab work to monitor blood count, etc. The operative leg will be assessed frequently for color, movement, sensation, and temperature	
Elimination	You will have a foley catheter inserted in your bladder during surgery that will stay in place for 1 day in order to measure urine output, and accommodate mobility issues after surgery	Foley catheter may be discontinued. Begin use of bedside commode. Medications to prevent/treat constipation may be given.	Toileting in bathroom. Medications to prevent/treat constipation may be given.	Toileting in bathroom. Medications to prevent/treat constipation may be given.	Toileting in bathroom. Medications to prevent/treat constipation may be taken.
Teaching	Nurses will educate you on pain management and the prevention of blood clots, pneumonia, falls, and infection. Compression sleeves will be placed on your calves that massage them to prevent clots. You will be instructed on deep breathing exercises to expand your lungs to prevent fever and pneumonia.	Ankle pumps to prevent blood clots. Continue breathing exercises. Continue education from day of surgery and importance of increasing mobility.	Discharge instructions for transition to home/rehab.	Reinforce discharge instructions.	Remember to watch for signs and symptoms of infection and to follow your exercise plan.
Discharge Planning		Case management will assist in beginning discharge planning as appropriate. Case Manager will work with OT to assess home needs for discharge.	Possible discharge to home or rehab today.		